UNITED
NATIONS

DP

Governing Council
of the
United Nations
Development Programme

Distr.
GENERAL

DP/FPA/CP/94
7 January 1992

ORIGINAL: ENGLISH

Thirty-ninth session
4 - 29 May 1992, Geneva
Item 7 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROGRAMMES AND PROJECTS

Recommendation by the Executive Director
Assistance to the Government of Nigeria
Support for a comprehensive population programme

Proposed UNFPA assistance:	$35 million, of which $21 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $14 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1992
Executing agencies:	Government of Nigeria United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	Federal Ministry of Finance and Economic Development

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92-03524

NIGERIA

Demographic facts

Population Total (000)	
Total	108,542
Males	53,766
Females	54,776
Sex ratio (/100 females)	98.2
Urban	38,159
Rural	70,383
Per cent urban	35.2
Population in year 2000 (000)	149,621
Functional age groups (%)	
Young child: 0-4	19.5
Child: 5-14	27.9
Youth: 15-24	18.8
Elderly: 60+	4.1
65+	2.5
Women: 15-49	22.1
Median age (years)	16.3
Dependency ratios: total	99.6
(/100) Aged 0-14	94.6
Aged 65+	5.1
Agricultural population density (/hectare of arable land)	2.39
Population density (/sq. km.)	117
Average annual change (000)	
Population increase	3,830
Births	5,490
Deaths	1,659
Net migration	0
Annual population total (% growth)	3.25
Urban	5.47
Rural	1.94
Crude birth rate (/1000)	46.5
Crude death rate (/1000)	14.0
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	6.60
Gross reproduction rate (/woman)	3.25
Net reproduction rate (/woman)	2.48
Infant mortality rate (/1000)	96
Life expectancy at birth (years)	
Males	50.8
Females	54.3
Both sexes	52.5
GNP per capita (U.S. dollars, 1989)	250

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1991. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1990.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $35 million, of which $21 million would be programmed from UNFPA's regular resources, over a five-year period, starting January 1992, to assist the Government of Nigeria in achieving its population and development objectives. UNFPA would seek to provide the balance of $14 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. This would be the third UNFPA-supported population programme in Nigeria. The second programme, approved for five years by the Governing Council in June 1987, totalled $13 million.

2. The proposed programme has been designed to fit within the Government's overall development and population strategy and to complement national population activities. The programme is also based on the findings and recommendations of the Programme Review and Strategy Development (PRSD) mission carried out in February and March 1991.

3. The main objectives of the programme are to contribute: (a) to a decrease in maternal and infant mortality; (b) to achieve a lower population growth rate through the reduction of fertility by voluntary fertility regulation compatible with the social and cultural conditions of the country and the economic and social goals of the nation; and (c) to enhance the status and condition of women and encourage their full participation as equal partners in the development process of the country.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice, and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

5. Demographic trends. Nigeria is the most populous country in Africa with an estimated population of almost 110 million. Reliable current demographic data are not available, which hampers economic and social planning. The population growth rate is estimated to be between 3.0 and 3.3 per cent (1990). Under the United Nations medium variant, Nigeria's population is projected to reach 150 million by the year 2000 and will become stationary at about 580 million by the middle of the next century.

6. Fertility remains high (the total fertility rate was 6.9 in 1981 and 6.6 in 1990) while the mortality rate is declining. Life expectancy at birth has now gone up to 52.5 years, from 35 years in 1960. Maternal mortality is estimated at 1,500 per 100,000 live births and the under-five mortality rate is estimated at 145 per 1,000 live births.

7. The population is composed of over 260 ethnic groups, each with its own culture and social organization. Traditional culture and social organization continue to exercise a powerful influence on human behaviour, especially in such areas as sexuality and fertility, relations between the sexes, the position of women in society, kinship relations and inheritance of property. Some 75 per cent of the population lives in the rural

areas with limited access to social services and amenities. Major cities are overcrowded, with the result that the limited basic amenities are overstretched. Environmental degradation is evident in both urban and rural areas.

8. Since the late 1970s, a declining world demand for petroleum has negatively affected Nigeria's development prospects. Economic growth have been further hampered by the high rate of population growth. Gross national product (GNP) per capita fell from $640 in 1986 to $250 in 1989. In 1986, the Government introduced a Structural Adjustment Programme to remove administrative controls and adopt a market economy that would encourage private enterprise and the more efficient use of resources. To alleviate the negative effects of this programme, the Government vigorously promoted agriculture and rural development, including the promotion of small-scale cottage and household industry, programmes to employ youth and provide them with vocational training, and special public works using labour-intensive methods and local resources.

9. The literacy rate remains low, especially for women (31 per cent in 1988). There has been a steady decline in the enrolment in primary schools of both boys and girls. Secondary school enrolment and completion rates are low. However, progress is being made with female education through legislation in some states prohibiting parents from taking their daughters away from school to get married and through the provision of automatic scholarships for girls. The low level of educational attainment and the persistence of traditional belief systems limit the acceptance of modern medical practices, including contraception.

10. The Federal Ministry of Health estimates that only about 40 per cent of the population has access to medical facilities. The health services have tended to be mainly urban-based with a bias towards hospital-based curative medicine, neglecting preventive medicine and rural areas. In 1986, a National Health Policy aimed at remedying this imbalance was adopted. The cornerstone of the national policy was the primary health care system. Since the mid-1980s, more attention have been given to maternal and child health and family planning (MCH/FP) within the context of primary health care in public-sector facilities. While sexually transmitted diseases (STDs) are common, few cases of AIDS have been identified. It is thought, however, that HIV infection among the general population is considerable, but no reliable data are available. A national medium-term plan on AIDS has been developed, but public awareness is low.

11. The situation of women in Nigeria remains somewhat precarious; they have limited access to most of the social services and amenities and are poorly represented in middle and senior levels of industry and public administration. Women's participation and representation in national politics has been poor. Mean age at marriage and mean age at first birth are low; there is no legal minimum age of marriage; birth intervals tend to be short; and many women continue child-bearing beyond the age of 35 years, thereby endangering their health. Maternal mortality is quite high and many women suffer from afflictions caused by pregnancies, including vesicovaginal fistula (VVF) and rectovaginal fistula (RVF). In order to improve the situation of women, the Government established a National Commission for Women in 1990 to plan, coordinate and monitor activities to improve the status of women.

12. In 1988, the Armed Forces Ruling Council approved a comprehensive and multisectoral National Population Policy for Development, Unity, Progress and Self-Reliance. The policy proposes four main goals, seven objectives and quantitative targets with time-frames. The policy stresses the voluntary nature of its provisions and reaffirms respect for the fundamental human rights of the individual. The policy's implementation is strongly anchored on making family planning services easily affordable, safe and culturally acceptable. Leadership in coordination of population activities is vested in the Federal Ministry of Health

through its Department of Population Activities. A national coordination structure has been set up at the federal level comprising representatives of all tiers of government and all sectors of the society. No operational structures exist at the state and the local government levels where programme efforts should be heavily concentrated. The Government's current Three-Year Rolling Plan contains a section on population and analyses current population and related problems.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

13. UNFPA's assistance started in 1975 with an MCH/FP programme. This was followed by two comprehensive country programmes covering 1981 to 1985 and 1987 to 1991, respectively. Under the first country programme, UNFPA assisted in establishing the basic information needed for the formulation of the national population policy and worked to enhance the development of the MCH/FP programme. Under the second country programme, approved by the Governing Council in the amount of $13 million, initial results were consolidated and a start was made on institutionalizing and implementing the national population policy. This programme was designed on the basis of a UNFPA-sponsored needs assessment mission and took into account the priorities and strategies of the draft national population policy. By the end of 1991, $12 million (or 93 per cent of the allocation) had been spent. Changes in the institutional framework and leadership of key institutions for the implementation of the policy caused postponement or modification of some of the planned activities. Other constraints were a persisting pro-natalist culture; lack of effective programme and project design, monitoring and evaluation; and lack of adequately trained personnel to manage and implement population programmes and projects.

14. In 1989, UNFPA fielded a programme evaluation mission that concluded that UNFPA had contributed to the development and the launching of the population policy and to the country's progress in the areas of MCH/FP, population education in secondary schools and basic data collection. The mission recommended a number of priorities for strategic programming. The most important of these were: (a) extending MCH/FP services to rural communities by providing direct assistance to states and local government areas to improve their MCH/FP activities within the primary health care system; (b) focusing on information, education and communication (IEC) and women, population and development activities; and (c) expanding cooperation with NGOs. These recommendations have been reflected in the strategy of the proposed country programme for 1992-1996.

Maternal and child health and family planning

15. Under the second country programme, UNFPA provided assistance, amounting to $3.8 million, for the promotion of family planning within the primary health care system. To increase their coverage, MCH/FP services have been strengthened in a considerable number of facilities; a large number of MCH/FP trainers have been trained at the state level, as have the health staff of local government areas; equipment and support for the development of teaching and instructional materials have been provided; and the programming and monitoring capability of the primary health care structure has been strengthened. Of the 7,725 government medical facilities, about 1,500 provide family planning services, of which about 900 provide full family planning services, including insertion of intra-uterine devices (IUDs). There are 2,000 fully-trained family planning service providers in government service.

16. Knowledge of modern contraceptive methods among women has increased from about 20 per cent in 1981 to 44 per cent in 1990, but there are no reliable data on such knowledge among men. Contraceptive use for all methods increased from 3.8 per cent of all women aged 15-49 years in 1981 to 6.7 per cent in 1990.

Use of modern contraceptives increased during the same period from 0.5 per cent to 3.8 per cent. In line with the national policy on the distribution of basic drugs, some states have begun to charge for contraceptives and have reported no negative effect on the number of acceptors. The main constraints to programme implementation were the lack of mid-level managers, especially in the local government areas, the large administrative workload of the state family planning coordinators, and the lack of empirical data to plan contraceptive requirements. Staff involved in MCH/FP activities were generally underutilized because the establishment of family planning clinics and the training of staff were not matched by a vigorous IEC campaign. In the execution of this component, UNFPA has closely collaborated with a family health services project financed by the United States Agency for International Development (USAID).

Information, education and communication

17. Since the early 1980s, UNFPA has provided approximately $2.2 million to IEC activities. Population education activities in Nigeria started in 1983 with the assistance of UNFPA. A population education curriculum for secondary schools has been prepared, teaching materials formulated, and training of teachers started. A national system to promote population education in secondary schools is firmly established and accepted by policy makers and parents. The necessary institutional arrangements have been made to ensure that population education in the secondary school system will continue. Achievements in this component have been impressive when related to the amount invested.

18. In the field of population information and communication, a multisectoral task force has been established under the aegis of the Federal Ministry of Health with representation from all administrative levels of the country that have responsibility for planning, implementing and coordinating the national IEC programme. State information officers are being trained in population issues, and appropriate teaching and information materials are being developed. A beginning has been made in linking population IEC programmes with public health and other social development programmes.

19. UNFPA, in collaboration with other international agencies, including the United Nations Children's Fund (UNICEF), the World Health Organization (WHO) and NGOs, has supported the Federal Ministry of Health in enhancing the understanding, commitment and support of national decision makers and the media on the implementation of the national population policy, the national primary health care system and the initiatives for Safe Motherhood. These Safe Motherhood initiatives include: (a) the establishment of a National Vesicovaginal Fistula Commission to increase public awareness on the plight of women afflicted by vesicovaginal fistula and rectovaginal fistula and to promote and coordinate preventive and curative activities; (b) discussion at the highest political level of proposals to create a National Task Force for Safe Motherhood; and (c) the development of a common strategy for enhancing Safe Motherhood in three states in the south-eastern health zone (Zone A) with the support of Family Care International and the University of Nigeria, Nsukka.

20. In the informal education sector, support was provided to the National Institute for Labour Studies through the International Labour Organisation, to introduce population and family welfare education into its curriculum. Through this training, support has been mobilized among both workers and employers in the organized labour sector for the Government's efforts in implementing the national population policy, and the foundation has been laid for nationwide population education for the organized labour force.

Data collection and analysis

21. UNFPA provided $3.6 million to strengthen the capacity of the Government to obtain adequate and up-to-date basic demographic data on the population. An experimental civil registration exercise was carried out in selected culturally representative local government areas. The results were satisfactory, and plans exist to start a more extended registration system after census fieldwork is completed. Additional support was provided through a multi-bilateral arrangement with the Government of the Netherlands.

22. As part of its programme of transition to civil rule, the Government decided to carry out a population census in 1991. UNFPA provided support to the National Population Commission for preparatory activities through technical assistance in census methodology and especially in cartography and data processing as well as through training overseas and in Nigeria. Data processing and cartographic and transport equipment were provided. Considerable progress has been made and the Government has taken extensive measures, including legal provisions and a nationwide awareness campaign, to ensure that a technically correct census can be taken. Data processing activities have been decentralized into seven regional centres. The cooperation of the state and local governments as well as the general public have been quite good. Constraints in the execution of this component of the programme included lack of speedy response by the implementing and executing agencies to immediate needs, absence of a detailed work plan for key activities and lack of a strong technical national census commission. Additional support was provided under bilateral agreements by Japan for field vehicles, the United Kingdom for cartographic materials and additional equipment and training for staff, and the United States for training in data processing.

Population policy formulation

23. UNFPA earmarked $1 million to strengthen the Government planning machinery through the establishment of an Office for Planning and Coordination of Population Programmes. Owing to changes in national institutional arrangements, however, this proposal could not be carried out. Instead, support was provided for preparatory activities for the formulation of the national population policy, for preparing five studies for the development of various population projects and for elaborating and strengthening the organization and functions of the Department of Population Activities (DPA) in the Federal Ministry of Health. In addition, support was provided for implementing a series of awareness-creation activities on the national population policy, and for extending technical and financial assistance to women's groups to undertake a series of seminars and workshops on such topics as income generation, family health, AIDS and family planning. The total actually provided was $273,000.

Women, population and development

24. The amount of $1 million was approved under the UNFPA 1987-1991 country programme in the area of women, population and development. A number of projects were contemplated to elaborate a plan of action to encourage women's organizations to become more involved in population activities. None of these activities were undertaken, however, partly because of the institutional reorganization of the federal system and subsequent neglect of grass-roots women's organizations and activities.

25. Nevertheless, UNFPA was instrumental in the initiation of the VVF project of the Kano State branch of the National Council of Women Societies (NCWS). In 1990, two state-based projects were initiated in Bauchi and Ondo States, each having three components: (a) promotion of family health integrated into the female functional literacy programme; (b) promotion of the enhanced use of family health facilities; and (c)

promotion of income-generating activities for women, especially the use and management of loans. The projects also exposed a selected group of men to family health and family planning concerns. The projects are Government-executed and implemented by the state governments. A total of $488,000 was provided. Few constraints have so far been encountered, although there is a shortage of sufficient and adequately trained staff, especially female staff.

Other external assistance

26. The major donor in population assistance in Nigeria is USAID, which is currently financing a $67 million family health services project (1988-1992) aimed at strengthening family planning service delivery and management. Its main orientation is to strengthen family planning service through the private sector, although considerable support has also been provided to the public sector in close collaboration with UNFPA. Support was also provided to carry out operations research for family planning service delivery and bio-medical research, as well as to promote voluntary surgical contraception and to conduct a pilot study on NORPLANT contraceptive implants (provided by UNFPA).

27. The World Health Organization (WHO) has provided grants for health planning, training and research. UNICEF has promoted and supported an expanded programme of immunization, various health, water and sanitation projects, and activities to improve the status of women. The World Bank is active in a number of sectors including rural development, health and family planning, and women in development. The World Bank has completed negotiations with the Government on the establishment of a Population Activities Fund to be covered by an International Development Agency credit. Under the Lomé IV Convention, the European Community will support programmes concerned with health, population and environmental protection and rehabilitation. The Ford Foundation and the Carnegie Foundation, as well as Rotary International, are involved in the health sector and women in development activities. A large number of NGOs operate in the country in the areas of rural development, health and support for women's programmes.

IV. PROPOSED PROGRAMME 1992-1996

28. A PRSD mission visited Nigeria from 4 February to 9 March 1991. The mission reviewed national policies on health and population within the context of the national development policy and the activities and achievements of the second UNFPA country programme and discussed future plans with government officials and representatives of multi- and bilateral donor agencies. The mission concluded that the national population policy and its strategies were consistent with the national development objectives and strategies, although it considered the quantitative targets set by the population policy as unrealistic given the country's current level of development and available resources.

29. The PRSD mission recommended that: (a) the targets should be reviewed periodically and priorities set for the policy strategies; and (b) work plans for the implementation of the policy should be developed. The mission endorsed the Government's general policies and strategies, confirmed the appropriateness of the selection of the three priority areas for the next five years (MCH/FP, IEC, and women, population and development) and recommended specific strategies.

30. Activities in the areas of population policy, data collection and special programmes would be undertaken insofar as they contribute to the attainment of the goals and objectives of the national population policy. The Government has accepted the recommendation of the mission and agreed to revise the policy targets. UNFPA would contribute to the revision of the policy targets.

31. The objectives of the proposed programme are detailed in paragraph 3 above. The programme strategy to achieve these objectives would be: (a) to concentrate UNFPA's efforts in the promotion of MCH/FP in rural areas since other donors are focusing on the urban, secondary and tertiary health sectors; (b) to continue the population education programme for secondary schools and organized labour and to promote IEC campaigns for special target groups, with special emphasis on the promotion of Safe Motherhood; (c) to promote basic operations research on local conditions in all activities to enhance effective and culturally acceptable population messages; and (d) to promote community and NGO involvement in programme and project development, implementation, monitoring and evaluation.

Maternal and child health and family planning

32. In view of the high fertility and maternal mortality rates, the continuing young age at marriage, the increasing abortion rate and the low level of modern contraceptive use, the main thrust of the proposed programme would be to expand and strengthen the MCH/FP sector within the primary health care system. The aim would be to achieve a national modern contraceptive prevalence rate of 15 per cent of all women aged 15-49 years by the end of 1996. UNFPA would provide a total amount of $11 million for this sector, of which $3 million would be sought from other sources, including multi-bilateral sources.

33. UNFPA would assist in strengthening the Government's capability to provide MCH/FP services to the population by expanding rural services in selected states in order to reduce the high maternal and infant morbidity and mortality rates in those areas. This will entail: (a) training community-based health workers and traditional birth attendants (TBAs), including support for the Federal Government to train trainers of such community-based voluntary health workers, and to establish a suitable supervisory structure; (b) strengthening the managerial, supervisory and technical capacity of the staff at all levels of service delivery; (c) providing basic MCH/FP services, family planning commodities, logistics and appropriate transport and equipment; and (d) strengthening the national management information system (MIS) for population activities within the context of the national health MIS. The programme would also seek to generate demand for rural MCH/FP services by promoting outreach activities, developing location- and culture-specific awareness creation and motivational messages, strengthening the health education units of the state ministries of health and the health education sections of the local government area health units, promoting better knowledge of family health and more intensive use of health and family planning services, and training health educators in special communication and counselling techniques consistent with prevailing cultural norms. This aspect of the programme would be closely linked with UNICEF child survival programmes.

34. UNFPA would also seek to increase the demand for MCH/FP services through the promotion of Safe Motherhood initiatives including those aimed at preventing STDs, AIDS and vesicovaginal fistulas. This would be done in collaboration with UNICEF, WHO, NGOs and the national universities. As part of these activities, UNFPA would support the establishment of a referral system for high-risk pregnancies. Training would be given to volunteer health workers and TBAs to recognize danger signs for complications during pregnancy and to take preventive measures. To enhance the effectiveness of the referral system, UNFPA would assist in establishing a special health network linking trained nurses/midwives, TBAs and volunteer health workers.

35. UNFPA would support the Government in providing necessary contraceptive commodities on a timely basis. To increase the modern contraceptive prevalence rate from 6.7 per cent to 15 per cent by the year 1996 and assuming the same contraceptive mix as at present but with a gradual introduction of injectables including NORPLANT, the estimated total amount needed at current prices for the supply of all contraceptives from 1992 to 1996 is $64 million. Out of this amount, $12.5 million would be required for injectables and $4.5

million for NORPLANT. UNFPA would continue to provide selected contraceptives for a limited period to the Government, taking into account USAID's support in this area. UNFPA would assist the Government to undertake some operational studies on a cost recovery scheme, possibly in cooperation with the International Planned Parenthood Federation (IPPF).

Information, education and communication

36. The proposed objectives in the area of IEC are: (a) to expand awareness of population issues throughout the population, especially among youth and adolescents, the rural population and the organized labour force; (b) to strengthen existing mechanisms to develop, design and implement population awareness-creation messages; and (c) to strengthen the population education units in universities to promote research and training in population education. UNFPA would provide a total amount of $9 million for this sector, of which $4 million would be sought from other sources, including multi-bilateral sources.

37. In the formal education sector, UNFPA would continue to support the Nigeria Educational Research and Development Council in systematically consolidating population education, including that on AIDS prevention and environmental issues, into secondary schools by: (a) continuing to develop curriculum and teaching materials for both secondary schools and teacher training colleges; (b) providing pre- and in-service training of secondary school teachers; and (c) establishing effective monitoring and evaluation mechanisms to assess the impact of the programme. It is anticipated that the World Bank would provide support for a population education programme in primary schools. UNFPA would also support the recently established Ph.D. programme in population education at the University of Lagos.

38. In the non-formal education sector, UNFPA proposes to support the following activities: (a) expansion of population education for the rural population, especially for men, through strengthening the capacity of the agricultural extension services to include population education in their activities, especially for agricultural and rural cooperatives; (b) continued and expanded support for population education for the organized labour sector through the National Institute of Labour Studies (NILS), Nigerian Labour Congress (NLC) and the Nigerian Employers Consultative Association (NECA) to enhance knowledge of family health and increase the use of family planning services among workers, especially female workers; and (c) promotion of family health education for fishery communities in collaboration with UNDP and the International Fund for Agricultural Development.

39. In the area of population information, continued support would be provided to establish a national IEC programme by strengthening the capability of federal and state ministries responsible for the dissemination of population messages and by strengthening the monitoring and evaluation capability of the IEC section of the Department of Population Activities of the Federal Ministry of Health. Support would also be provided for awareness creation and further sensitization of policy makers, and religious, traditional and community leaders in support of the national population policy.

Data collection and analysis

40. UNFPA proposes to continue to support the efforts of the Government in improving its national population data collection and analysis capabilities. UNFPA would provide assistance for: (a) analysing the population census and disseminating its results for use in policy development; (b) promoting understanding among policy makers, civil servants and the population at large on the usefulness of population data; and (c) strengthening the capability of the Government to design, execute and analyse specialized demographic

surveys. UNFPA would allocate a total amount of $2.5 million for this sector, of which $1.5 million would be sought from other sources, including multi-bilateral sources. UNFPA would provide selective support to this sector in order to complement the efforts of donors active in data collection and analysis activities.

Population policy formulation

41. To enhance the national capability to coordinate, monitor and evaluate population activities, UNFPA would: (a) provide institution building support to the Department of Population Activities to create sustainable capabilities by developing an effective monitoring and evaluation system and by enhancing staff training; and (b) facilitate the implementation of the national population policy by identifying and removing legal barriers or obstacles to such implementation. Through its assistance to this sector, UNFPA would contribute to the revision of the policy targets. UNFPA would provide a total amount of $2 million for this sector, of which $1 million would be sought from other sources, including multi-bilateral sources.

Women, population and development

42. UNFPA would pursue the following objectives to assist the Government in its efforts to improve the condition of women, increase their participation in national population and development activities, and enhance their use of modern health facilities: (a) strengthen the capacity of the National Commission for Women to plan, programme, coordinate, monitor and evaluate activities to enhance the status of women; (b) promote the generation, collection and dissemination of gender-specific data; (c) promote and enhance women's status and conditions through the continuation of state-specific, integrated population and development activities in selected states, including those aimed at promoting female literacy, the greater use of family health facilities and income-earning activities; and (d) strengthen the capacity of the Government and NGOs to provide legal counselling for women to apprise them of their rights. The Fund would support the activities of a number of women's NGOs in establishing a network of trainers to train counsellors in women's rights. UNFPA would also assist in establishing and/or strengthening local facilities to provide counselling services. UNFPA would provide a total amount of $8 million for this sector, of which $3 million would be sought from other sources, including multi-bilateral sources.

Special programmes

43. Population and the environment. To enhance the awareness of the general population on the interrelationship between population, environment and development, UNFPA proposes to support IEC efforts of the Government and NGOs. The Government, through its Federal Environmental Protection Agency (FEPA), is increasingly recognizing the linkage between the environment and population. Therefore, in addition to integrating information on the environment into the relevant population IEC activities, UNFPA would support some specific IEC activities aimed at creating awareness on the interrelationship of population, the environment and development, to be carried out by FEPA and/or NGOs.

44. AIDS. AIDS awareness among the general population is low. The Government has already decided to include information on AIDS in the primary health care system and in the IEC programme. UNFPA would provide supplementary support to the Government to create awareness and undertake preventive activities among those groups that are at highest risk of being infected by the AIDS virus.

45. Youth. Youth and adolescents are of special concern to the Government. UNFPA would assist in educating and informing youth and adolescents, especially those outside the formal education sector, on

population matters. Special adolescent and youth counselling and service programmes are being considered for urban youth in selected parts of the country.

46. UNFPA would provide a total amount of $2 million for these special programmes, of which $1.5 million would be sought from other sources, including multi-bilateral sources.

Programme reserve

47. UNFPA would set aside a reserve of $500,000 to meet unforeseen needs that may arise during the period of the programme.

Programme coordination

48. The Federal Ministry of Finance and Economic Development is responsible for the coordination of technical assistance. The implementation of the population policy is being coordinated by the Federal Ministry of Health. The National Commission for Women is responsible for the coordination of women's activities.

49. The members of the Joint Consultative Group on Policy (JCGP) have agreed to coordinate their programme activities. UNDP and UNFPA are closely collaborating in certain areas, such as support to the primary health care system, training of planners in population and development, and the reorganization and strengthening of the national statistical system. UNFPA and UNICEF are increasingly coordinating programme and project activities and undertaking joint funding of activities.

50. The implementation of the proposed programme would be coordinated through the Federal Ministry of Finance and Economic Development and the Federal Ministry of Health with the assistance of the UNFPA field office. The programme would also be coordinated with the activities of other United Nations agencies, especially those participating in the JCGP, and other international and bilateral agencies. UNICEF and UNFPA have agreed to mutually reinforce their activities in primary health care and promotion of women's concerns.

Programme monitoring, evaluation and management

51. The proposed programme and its various activities would be monitored and evaluated according to standard UNFPA guidelines. Particular attention would be given to the training of national professionals in UNFPA project development and management and to the institutionalization of project monitoring and evaluation systems. The UNFPA field office would also provide guidance in computer-assisted monitoring of activities. A mid-term review is anticipated for 1994, and a final review would be organized in 1996. Whatever the mode of execution, UNFPA will make full use of available and appropriate national and regional technical backstopping capacities, complemented by the country programme technical support teams that will become operational in 1992 as part of the UNFPA successor support cost arrangements approved by the Governing Council in decision 91/37.

Financial summary

52. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $35 million over the five-year period 1992-1996, of which $21 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $14 million from a combination of UNFPA regular resources

and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The breakdown by sector is as follows:

	UNFPA resources $	Other resources $	Total $
Maternal and child health and family planning	8,000,000	3,000,000	11,000,000
Information, education and communication	5,000,000	4,000,000	9,000,000
Data collection and analysis	1,000,000	1,500,000	2,500,000
Population policy formulation	1,000,000	1,000,000	2,000,000
Women, population and development	5,000,000	3,000,000	8,000,000
Special programmes	500,000	1,500,000	2,000,000
Programme reserve	500,000	--	500,000
TOTAL	21,000,000	14,000,000	35,000,000

V. RECOMMENDATION

53. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Nigeria in the amount of $35 million for the five-year period 1992-1996;

(b) Authorize the Executive Director to programme an amount of $21 million from UNFPA's regular resources;

(c) Further authorize the Executive Director to provide the balance of up to $14 million from UNFPA's regular resources, if such resources are available. If and to the extent they are not, further authorize the Executive Director to seek to cover the shortfall from other sources, including multi-bilateral sources;

(d) Authorize the Executive Director to allocate the funds and to make appropriate arrangements with the Government of Nigeria and with the executing agencies.